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Owner's Information Certificate

Name/ Address of property to be protected with sprinkler protection:

Name: _____

Address: _____ Suite: _____

City: _____ Zip: _____

Name of Owner: _____

Existing or planned construction is:

- ☐ Fire resistive or noncombustible
- ☐ Wood frame or ordinary (masonry walls with wood beams)
- ☐ Unknown

Is the system installation intended for one of the following special occupancies:

- | | | |
|---------------------------------|------------------------------|-----------------------------|
| Aircraft hangar | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fixed guideway transit system | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Race track stable | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Marine terminal, pier, or wharf | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Airport terminal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aircraft engine test facility | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Power plant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Water-cooling tower | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "yes" the appropriate NFPA standard should be referenced for sprinkler density/area criteria.

Indicate whether any of the following special materials are intended to be present:

- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| Flammable or combustible liquids | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aerosol products | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nitrate film | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pyroxylin plastic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Compressed or liquefied gas cylinders | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Liquid or solid oxidizers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Organic peroxide formulations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Idle pallets | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "yes" describe type, location, arrangement, and intended maximum quantities.

Indicate whether the protection is intended for one of the following specialized occupancies or areas:

Spray area or mixing room	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Solvent extraction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Laboratory using chemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oxygen-fuel gas system for welding or cutting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acetylene cylinder charging	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Production or use of compressed or liquefied gases	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commercial cooking operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Class A hyperbaric chamber	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cleanroom	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Incinerator or waste handling system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Linen handling system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Industrial furnace	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water-cooling tower	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "yes" describe type, location, arrangement, and intended maximum quantities.

Will there be any storage of products over 12 ft. (3.6m) in height?

☐ Yes ☐ No

If the answer is "yes" describe product, intended storage arrangement, and height.

I certify that I have knowledge of the intended use of the property and that the above information is correct.

Signature of owner's representative or agent: _____

Date: _____

Name of owner's representative or agent completing certificate (print): _____

Relationship and firm of agent (print): _____

* The above document was copied from NFPA 13 Figure A.14.1 (b)